



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/828,630	
	Filing Date	04/09/2004	
	First Named Inventor	Jill E. Parker	
	Art Unit	1645	
	Examiner Name	Mark Navarro	
Total Number of Pages in this Submission	11	Attorney Docket Number	AFD 503

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		Please date-stamp and return the attached Return Receipt Postcard.

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Firm or Individual Name	Paul D. Heydon
Signature	<i>Paul D Heydon</i>
Date	24 June , 2005

CERTIFICATE OF TRANSMISSION / MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	<i>Paul D Heydon</i>
Typed or printed name	Paul D. Heydon
Date	24 June , 2005

User name not listed

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 JUN 28 2005 RECEIVED AIR FORCE MARK OFFICE		Complete if Known	
		Application Number	10/828,630
		Filing Date	04/09/2004
		First Named Inventor	Jill E. Parker
		Examiner Name	Mark Navarro
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1645
TOTAL AMOUNT OF PAYMENT	(\$)	600.00	Attorney Docket Number
			AFD 503

METHOD OF PAYMENT (check all that apply)																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>AF 01-0465</u> Deposit Account Name: <u>Department of the Air Force</u>																																																					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																					
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																					
FEE CALCULATION																																																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																					
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>0</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>0</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>0</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	0	Design	200	100	100	50	130	65	0	Plant	200	100	300	150	160	80	0	Provisional	200	100	0	0	0	0	0
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Plant	200	100	300	150	160	80	0																																														
Provisional	200	100	0	0	0	0	0																																														
2. EXCESS CLAIM FEES																																																					
Fee Description						Fee (\$)	Small Entity Fee (\$)																																														
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25																																														
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100																																														
Multiple dependent claims						360	180																																														
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP = 0</td> <td>x</td> <td>50</td> <td>= 0</td> </tr> </tbody> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP = 0	x	50	= 0	<table border="1"> <thead> <tr> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>360</td> <td>0</td> </tr> </tbody> </table>		Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	360	0																																
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3. APPLICATION SIZE FEE																																																					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																					
<table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>x 100 = 0</td> <td>/ 50 = 0</td> <td>(round up to a whole number)</td> <td>x 250 = 0</td> <td></td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	x 100 = 0	/ 50 = 0	(round up to a whole number)	x 250 = 0																																					
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4. OTHER FEES																																																					
Non-English Specification, \$130 fee (no small entity discount)						Fee Paid (\$)																																															
Other:																																																					

SUBMITTED BY					
Signature	<u>Paul D Heydon</u>	Registration. No. (Attorney/Agent)	46,769	Telephone	(210) 536-5359
Name (Print/Type)	Paul D. Heydon			Date	24 Jun 2005

Signature		Registration. No. (Attorney/Agent)		Telephone	
Name (Print/Type)				Date	



Appl. No.: 10/828,630.

Confirmation No.: 5340

Applicants: Jill E. Parker et al.

Filed: 04/09/2004

Title: Curlicue Vaccine Strain of Bacillus Anthracis

T.C./Art Unit 1645

Examiner: Mark Navarro

Docket No.: AFD 503

Customer No.: 26902.

Commissioner for Patents

PO Box 1450

Alexandria VA 22313-1450

Amendment and Reply to Office action of April 4, 2005

Sir:

In response to the Office action of April 4, 2005, the Assignee (Secretary of the Air Force) respectfully submits the following Amendment and Reply.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.

An Appendix with an exhibit is attached following page 9 of this paper.

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